

Health, Welfare
Public
Service

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. B U R I E S
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005438
STATE FREE NUMBER
932

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 50 yr.	d. STREET ADDRESS (If outside, give location) 3940 McGee		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Oscar Middle — Last Crone			4. DATE OF DEATH Month 2 Day 19 Year 1958		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 10, 1875		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL HAND		10b. KIND OF BUSINESS OR INDUSTRY UNION DEPOT	11. BIRTHPLACE (City and state or country) NEW ALBANY, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MICHAEL CRONE		13b. MOTHER'S MAIDEN NAME AD ELINE McTYEV		14. NAME OF HUSBAND OR WIFE AD ENE B. CRONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 709-08-8291		17. INFORMANT AD ENE B. CRONE 4331 Cambridge	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH 491 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1957		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec. 31, 1958 to Feb. 19, 1958 and last saw <input checked="" type="checkbox"/> him alive on Feb. 19, 1958 Death occurred at 5:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) [Signature]			22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 2-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 2/22/58	23c. NAME OF CEMETERY OR CREMATORY CHapel Hills Mem.		23d. LOCATION (City, town, or county) (State) K.C. Kans.
24. FUNERAL DIRECTOR GATES F. Home		ADDRESS K.C. Kans.		25. DATE RECD. BY LOCAL REG. 2-21-58	26. REGISTRAR'S SIGNATURE neva minshall



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Murray Wilson*

Licensed Embalmer No. *4989*
P. O. Address *Shannon, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.